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FORM-D

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEC Mail Processing Section

JAN 2 8 7008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB NUMBER: 3235-0076 Expires: April 30, 2008

Estimated average burden hours per response . . 16.00

SEC USE ONLY								
SE	US	SE ONLY						
Prefix Serial								
DATE RECEIVED								
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110/69	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
8.5% Subordinated Convertible Debentures	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	<u></u>
A. BASIC IDENTIFICATION DAT	<u>A</u>
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
TOM To	08023638
IQMax, Inc.	
Address of Executive Offices (Number a	and Street, City, State, Zip Code) Telephone Number (Including Area Code)
3440 Toringdon Way, Suite 106, Charlotte, NC 28277	704-377-2022
Address of Principal Business Operations (Number of Number of Numb	and Street, City, State, Zip Code) Telephone Number
(if different from Executive Offices)	(Including Area Code)
Brief Description of Business	PHOCESSED
Healthcare Technology Company	- 0-00ED
Type of Business Organization	JAN 3.0 2008
☐ corporation ☐ limited partnership, already formed ☐	other (please specify).
business trust limited partnership, to be formed	THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: [0 2] [9 9]	Actual Estimated
	(D.M.C.)
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the informa	the information requested for the following:									
Each proi	Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each ben	eficial owner having th	e power to vote or dispose, or di	rect the vote or disposition of, 109	% or more of a class of e	equity securities of the issuer;					
• Each exe	cutive officer and direc	tor of corporate issuers and of co	orporate general and managing par	tners of partnership issu	uers; and					
• Each gen	eral and managing part	ner of partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member					
Full Name (Last name first,	if individual)		•							
Adkison, Paul										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
3440 Toringdon Way,	Suite 106, Charlot	te, NC 28277								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)			-						
Harmon, Christopher										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
3440 Toringdon Way,	Suite 106, Charlot	te, NC 28277								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)			•						
Updegraft, Christopher	r									
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)								
3440 Toringdon Way,	Suite 106, Charlot	te, NC 28277								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Updegraft, Gary										
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)			.					
3440 Toringdon Way,	Suite 106, Charlot	te, NC 28277								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ress (Number and Stre	et, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ress (Number and Stre	et, City, State, Zip Code)		 .						
	(· · · · · · · · · · · · · · · · ·									
	(Us	e blank sheet, or copy and use ac	dditional copies of this sheet, as no	cessary.)						

	,				B. IN	FORMA	TION .	ABOUT	OFFER	ING				
1.	Has the i	ssuer sold,	or does the	issuer inter	nd to sell, to	non-accre	dited invest	tors in this o	offering?	************				Yes №
								lumn 2, if fi						
2.	What is t	he minimu	m investme	nt that will	be accepte	d from any	individual?	·						<u>\$_25,000.00</u>
	M 1												Yes No	
3.	Does the orienting permit joint o'nterstip of a single and													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												τor sociated		
persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)														
Business	or Residen	ice Address	(Number a	ind Street,	City, State,	Zip Code)								
Name of	Associated	Broker or	Dealer							120.0				
States in	Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers								_
(Check	"All States	or check	individual ([AZ]	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]	All States
	[IL] [MT]	(IN) (NE)	[IA] [NV]	(KS) (NH)	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[М] [ОН]	[MN] [OK]	(MS) (OR)	[MO] [PA]	
Full Nam	[RI]	[SC]	[SD] individual)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]	
	.v (Exast na		,											
Business	or Resider	nce Address	s (Number a	and Street,	City, State,	Zip Code)								
Nama of	Associated	l Broker or	Dealer								<u> </u>	· 		
Name of	ASSOCIATED	I DIOKCI OI	Dealer											
States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solicit	Purchasers						•	•	
(Check			individual :							tri 1		tun	[ID]	All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[MO]	
	[MT] [RI]	(NE) [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan	ne (Last na	me first, if	individual)											
Business	or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)							<u>.</u> .	
Name of	'Associated	d Broker or	Dealer										_	
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	Purchaser	5							<u> </u>
(Check			individual	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[M] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	<u> </u>
1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	· -	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Specify 8.5% Convertible Subordinated Debentures)	\$ <u>9,000,000.00</u>	\$ <u>6,940,584.00</u>
	Total	\$_9,000,000.00	\$ <u>6,940,584.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 6,940,584.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ \$
	Legal Fees		\$ <u>15,000.00</u>
	Accounting Fees.		\$ <u>15,000.00</u> \$ <u>2,500.00</u>
	Engineering Fees.		\$ <u>2,500.00</u> \$
	Sales Commissions (specify finders' fees separately)		\$ \$
	Other Expenses (identify) Miscellaneous (finder's fee, professional fees, duplicating, couri		\$ \$_1,032,500.00
	Total	-	\$ <u>1,050,000.00</u>

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE O	F PROCE	EDS
	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in resp difference is the "adjusted gross proceeds to the	offering price given in response to Part C - conse to Part C - Question 4.a. This		\$ <u>7,950,000.00</u>
5.	Indicate below the amount of the adjusted gros be used for each of the purposes shown. If the furnish an estimate and check the box to the let listed must equal the adjusted gross proceeds to Question 4.b above.	amount for any purpose is not known, ft of the estimate. The total of the payments		
			Paymen Office Director	ers, rs, & Payments To
			Affilia	_
	Salaries and fees			_
	Purchase of real estate			_
	Purchase, rental or leasing and installation of n			
	Construction or leasing of plant buildings and		□ 3	LJ 3
	Acquisition of other businesses (including the that may be used in exchange for the assets or merger)	securities of another issuer pursuant to a	\$	_
	Repayment of indebtedness		∏ \$	\$3,200,000
	Working capital			
	Other (specify): Debenture principal surety bo			\$ 310,500
	Column Totals			\$3,510,500 S
	Total Payments Listed (column totals added)			\$ <u>7,950,000</u>
		D. FEDERAL SIGNATURE		
following	uer has duly caused this notice to be signed by ng signature constitutes an undertaking by the is aff, the information furnished by the issuer to an	suer to furnish to the U.S. Securities and Exch	ange Comm	ission, upon written reques
Issuer (Pr	int or Type)	Signature		Date
IQMax	, Inc.	San W Cycles		January 17, 2008
Name of	Signer (Print or Type)	Title of Signer (Print or Type)		
Gary U	pdegraft	Vice President, Treasurer and Director		
		ATTENTION	<u> </u>	
	Intentional misstatements or omissions		ions. (See	18 U.S.C. 1001.)

APPENDIX 2 3 . 1 Disqualification under State ULOE Intend to sell to non-accredited Type of security (if yes, attach explanation of investors in State and aggregate waiver granted) (Part B-Item 1) offering price Type of investor and amount purchased in State (Part E-Item 1) offered in State (Part C-Item 2) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No State Yes No Investors Amount Investors Amount ALΑK AZAR CA CO CT DE DC FL GA HI ID IL 0 0 X Х \$1,248,711.00 IN 1 IΑ KS KY LA ME MD MA ΜI MN MS MO MT NE NV NH NJ NM

ī	2		3		5				
	Intend to non-accinvestors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	•	Number of Accredited Investors	redited Non-Accredited		Yes	No	
NY									
NC		Х	*	31	\$5,191,873.00	0	0		X
ND									
ОН									
ОК	e .								
OR	<u> </u>								
PA						<u> </u>			
RI									
SC	ł							<u> </u>	
SD								<u> </u>	
TN									ļ
TX		<u> </u>							
UT		ļ							ļ
VT									ļ
VA		X	*	1	\$500,000.00	0	0	<u></u>	X
WA									
WV	ļ							_	
WI	-							<u> </u>	
WY					_				
PR							<u>]</u>	<u> </u>	

^{* 8.5%} Convertible Subordinated Debentures, \$9,000,000.00

